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To: Ex.	Christina Bradley	F	From:	Gerard J. I	McGowan, Jr.			
Grou	ıp: 1654		No. of Pa	ges: 12	كى مود (including cover sheet)			
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Fax No.:	571-273-8300		Jakor	Ootobor 4	2006			
			Date:	October 12	2, 2006			
RE:				*				
Attached please find:								
1. Amend	iment							
	nittal letter							
	sion Request	•						
	•							
for:								
Applicant:	Gerhardt et al.							
Serial No.:	10/539,434							
Filed:	January 13, 2006							
For:	Blood Glucose Re	gulating Cor	mnoeitio	m				
1 07.		gulating col Group:	1654	***				
		Examiner:		na Bradley				
Case No.	F7683(V)	LAGHIIII (.	Jiniau	na braulty				
UNUS No.:	03-0037-UNI							
01405 140.:	02-002\-011							
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on October 12, 2006

GERARD J. MCGOWAN Reg. No. 29,412

Attorney for Applicant(s)

October 12, 2006 **Date of Signature**

In reapplication of:

Gerhardt et al.

Serial No.:

10/539,434

Filed:

January 13, 2006

For:

Blood Glucose Regulating Composition

Group:

1654

Examiner:

Christina Bradley Englewood Cliffs, New Jersey 07632

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[X] No additional fee is required.

The fee has been calculated as shown below.

	(2) * Claims Remaining After Amendment		(4)** Highest No. Previously Paid For	(5) Present Extra	(6) Rate	(7) Additional Fee
Total Claims		Minus			\$ 50.00	
Independent Claims		Minus			\$ 200.00	
Multiple Claims					\$ 360.00	
TOTAL ADDITIONAL FEE		T			\$	

[&]quot;If the entry in Column (2) is less than the entry in Column (4), write "0" in Column (5).

to Deposit Acct. #12-1155. Triplicate copies of this letter are enclosed.

[X] The Commissioner is hereby authorized to charge any additional fees, which may be required to our deposit account No. 12-1155, including all required fees under

[X] 37 C.F.R. § 1.16;

[X] 37 C.F.R. § 1.17;

[X] 37 C.F.R. § 1.18.

Triplicate copies of this letter are enclosed.

/gjm

(201) 894-2297

Gerard J. McGowan, Jr. Attorney of Record

Reg. #29,412

^{&#}x27;alf the "Highest No. Previously Paid For" is less than "20," write "20" in this space.